

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.M.A.L.	8	07-31-97
O.I.P.E. CLASSIFIER			8-20
FORMALITY REVIEW	A.T.	1071	09/25/01
RESPONSE FORMALITY REVIEW	RL	1050	10-31-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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